

**NJDEP-Bureau of Safe Drinking Water Implementation
NON-COMMUNITY WATER SYSTEM INSPECTION REPORT**

PWSID: NJ _____
Municipality: _____
County: _____

Inspection date: _____
Effective date: _____

Reason(s) for inspection:

<input type="checkbox"/> Routine Non-Transient WS []	<input type="checkbox"/> New System Transient WS []	<input type="checkbox"/> Reactivation	<input type="checkbox"/> Reclassification to: Community WS []	<input type="checkbox"/> Non-Transient WS []	<input type="checkbox"/> Transient WS []
<input type="checkbox"/> MCL/ Violation/ SNC/ GWR Follow-up					

System Information:

System Name:			Block:	Lot:
System Address:				
Contact Name (at system):		Company Name:		
e-mail:	Ph:	Fax:		
Owner Name:				
Owner mailing address:				
e-mail:	Ph:	Fax:		
Management Company Name:				
Contact Name (at management company):				
e-mail:	Ph:	Fax:		

Licensed Operator Information:

License required:		License held:	
Name*:		Lic. #:	
Ph:	Fax:	e-mail:	

* If Licensed Operator has changed ensure that DEP-065 form has been submitted to the Exams and Licensing Unit.

Check if Licensed Operator present (on site) for this inspection

Source Information:

Number and/or Name	Permit #	Water State Facility Code/ Sample Point ID#-if known	Depth (ft.)	Dia (in.)	Pumping Cap. (gpm)	Casing Depth (ft)

Check if one or more sources is a spring: specify which facility codes are springs: _____

Point-of-Entry Information:

Water State Facility Code/ Sample Point ID#-if known	Treatment Code	Contaminant/ Reason	Treatment Process (i.e. ion exchange)	Last Serviced/Frequency of Service

Check if system utilizes a chemical feed (this may impact the license classification)

Population Information:

Population type	Population served (Daily average per month)	Operating Period
Transient		
Non-transient (>4 hrs/day, 4 days/wk, 6 months/yr)		
Residential (year round residents)		
Does the system serve > 1,000 persons on any single day? ___ If yes, indicate which month(s) it occurs:		

Operational Information:

Type of Business (i.e. restaurant, day care center, etc)	
Number of Buildings Served	
Is a technical, managerial, financial evaluation required? (Y/N) If Yes, provide construction completion date: _____	

Significant Deficiencies:

Significant Deficiency	IC /OC/ NA *	Comments
Source		
Does each groundwater source have a raw water sampling tap at a location prior to any treatment of the ground water source?		
Treatment		
Is each treatment system constructed and operated in accordance with the Administrative Authority approval?		
Distribution System		
According to the water purveyor, is a minimum pressure of 20 psi maintained throughout the system?		
Finished Water		
Does the supplier of water have a finished water storage maintenance plan and/or maintain records for finished water storage?		
Pumps/Pump Facilities and Controls		
Has the pump(s) been changed/alterd since the date of the last inspection? If yes, is the pump NSF certified?		
Monitoring/Reporting/Data Verification		
Is there an adequate Total Coliform Rule sampling plan present and is the plan being utilized properly?		
Water System Management/Operation		
Does the licensed operator have readily available written detailed Operation and Maintenance procedures designed to maximize preventative maintenance and operational techniques?		
Operator Compliance with State Requirements		
If the licensed operator of record is/was not available, did the owner of the water system obtain the services of a licensee holding a license not more than one class lower than the classification required for the operation of the system?		

*

IC= In Compliance, OC = Out of Compliance, NA= Not Applicable

Water System Components:

	IC/OC/NA	Comments
Source		
Do the well(s) have a well cap?		
Does water pond around well? (i.e. is there adequate drainage)		
Well casing 12" above grade?		
Does well meet current minimum distance requirements set forth in N.J.A.C. 7:9-D2?		
Treatment		
Is there an O&M manual for the unit(s)?		
Distribution System		
Was there construction/alteration/repairs completed? If yes, provide brief description.	Yes / No	
If Yes above, was proper disinfection conducted (AWWA standards)?		
Finished Water		
Does the system have finished water storage tanks? If yes, what type and how many.	Yes / No	<input type="checkbox"/> Hydro pneumatic No. _____ Size _____ <input type="checkbox"/> Standpipe No. _____ Size _____ <input type="checkbox"/> Other _____ No. _____ Size _____
Are storage tanks inspected/cleaned/maintained routinely?		
Pumps and Pump Stations		
Are there automatic controls?	Yes / No	
Is the pumping capability \geq 70gpm or 100,000gpd? If Yes, does the system have a Water Use Registration?		
Monitoring/Reporting/Data Verification		
Does the system have a Pb/Cu monitoring plan?		
Are adequate records being maintained?		

Additional Comments of Water System Components:

Check if Water System Schematic demonstrating source water, treatment, storage, and distribution components is attached.

_____ Person Interviewed/Position	_____ Signature	_____ Date	_____ Ph #
_____ Inspector Name	_____ Signature	_____ Date	_____ Ph #
_____ Supervisor Name	_____ Signature	_____ Date	_____ Ph #

Guidance for Completing the Non-community Inspection Report

- **Inspection Date versus Effective Date**
 - Inspection date is the date the inspector conducted the inspection
 - Effective date is the date when the changes indicated on the inspection were imposed
- **System Information**
 - All correspondence from the Bureau will be sent to the owner. Ensure that the owner's mailing address is accurate. Please note that the administrative contact at a management company is not the owner.
- **Licensed Operator Information**
 - If a L.O. is not required, fill in "none" for License required and the remaining boxes may be left blank.
 - Refer to N.J.A.C. 7:10-1.14 for calculating license classification
- **Source Information**
 - If a permit number is listed the additional detailed information may be left blank
 - If no well/permit number is available, but the system has documentation from a licensed well driller regarding the well details, fill in the specific information requested on this form
 - Attach a copy of the well permit/record if available.
- **Point of Entry Information**
 - Treatment code must match treatment process. For example a POE may have a treatment code "1460", with contaminant removed being "nitrate", and treatment process being "ion exchange".
- **Population Information**
 - Operation period is the timeframe that the given population is served. An operating period must be established for each applicable population type.
 - Population served = total # of persons served each month divided by 30
 - If the system serves >1,000 persons on any one day, monthly monitoring is required for that month. This question is only applicable if the Daily Average populations given in the chart are < 1,000.
- **Operational Information**
 - Type of Business – Use a name that in on the "type of business" list that corresponds to the correct population type(s)
 - Triggering event for TMF evaluation: After August 21, 2000 any construction of a new non-transient water system or the modification (infrastructure expansion involving new buildings, water sources, etc.) of an existing non-public or transient water system to accommodate an increase in population resulting in a reclassification to a non-transient water system.
- **Significant Deficiencies:** If any are marked out of compliance, CEHA should issue a Notice of Deficiency and the water system is required to conduct corrective actions pursuant to the Groundwater Rule.
 - **Raw Water Source** (applicable to all systems)
 - Raw water taps at storage tanks prior to treatment are acceptable, although not recommended
 - **Treatment** (only applicable if system has treatment installed)
 - This question only pertains to treatment units that were installed to remove a primary contaminant
 - **Distribution System** (applicable to all systems)
 - Has the system experienced any water outages since the last inspection?
 - Is there an adequate water flow from extremity taps in the distribution system?
 - **Finished Water** (only applicable if system has storage tanks AND required to hire a L.O.)
 - Finished water storage maintenance plans shall consist of routine inspections to be conducted on finished water storage components.
 - An inspection schedule and records of the inspections are to be kept as part of the O&M
 - **Pumps, Pumps Facilities, and Controls** (applicable to all systems)
 - If the system has not replaced the pump since the last inspection, mark it as "NA" for Not Applicable
 - **Monitoring, Reporting, and Data Verification** (applicable to all systems)
 - TCR written plan is required to be available and subject to state review and revision
 - **Water System Management and Operation** (only applicable for systems required to hire a L.O.)
 - O&M manual is required to be readily available.
 - The operator or purveyor must be able to provide the O&M during the sanitary survey
 - The owner, purveyor, and all system operators must know where and/or how to access the O&M manual
 - **Operator Compliance with State Requirements** (only applicable for systems required to hire a L.O.)
 - The purveyor must employ or provide documentation that a L.O. if not more than one class lower than the classification required for the operation of the system will be available for the minimum period of time that the operator of record is required to be on site.
 - Refer to N.J.A.C. 7:10A-1.10(f)